


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-02-2004 90008 023 ***150.00

DOCUMENT # 186904 1. Entity Name J.W. MCDANIEL SR., INC.	
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Principal Place of Business HC 61 BOX 61 CLEWISTON, FL 33440	Mailing Address HC 61 BOX 61 CLEWISTON, FL 33440
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66402029



.01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1923298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

MCDANIEL, ROBERT E, SR
HC61 BOX 60
CLEWISTON, FL 33440

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDANIEL, JOHN L
STREET ADDRESS	25670 CR 833
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	MCDANIEL, JAMES J
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	MCDANIEL, JOSEPH DAVID
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	CLEWISTON, FL
TITLE	S
NAME	MCDANIEL, MARY
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	CLEWISTON, FL
TITLE	V
NAME	MCDANIEL, ROBERT E, JR
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	CLEWISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert E. McDaniel 2/12/04